

**TOWN OF  
SOUTHERN SHORES**  
5375 N Virginia Dare Trl  
Southern Shores, NC  
27949  
(252) 261-2394 tel  
(252) 255-0876 fax  
[www.southernshores-nc.gov](http://www.southernshores-nc.gov)



**SUB-CONTRACTOR SIGN OFF AND/OR PERMIT**

Date \_\_\_\_\_

**PROJECT ADDRESS** \_\_\_\_\_

Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Permit Number** \_\_\_\_\_

**Fee \$** \_\_\_\_\_

**EXISTING Building Permit Number** \_\_\_\_\_ **NO FEE** \_\_\_\_\_

**ELECTRICAL** = Licensee Name \_\_\_\_\_ **NC License/Classification** \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_

**Description of Work:** \_\_\_\_\_

\_\_\_\_\_

**PLUMBING** = Licensee Name \_\_\_\_\_ **NC License/Classification** \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_

**Description of Work:** \_\_\_\_\_

\_\_\_\_\_

**GAS** = Licensee Name \_\_\_\_\_ **NC License/Classification** \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_

**Description of Work:** \_\_\_\_\_

\_\_\_\_\_

**MECHANICAL** = Licensee Name \_\_\_\_\_ **NC License/Classification** \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City State & zip \_\_\_\_\_ Estimated Project Cost \_\_\_\_\_

**Description of Work:** \_\_\_\_\_

\_\_\_\_\_

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Permit Official

\_\_\_\_\_  
Date